



**City of Annapolis**  
Recreation and Parks Department  
273 Hilltop Lane  
Annapolis, MD 21403-1542



annapolis  
recreation & parks  
Healthy Living Starts Here

RecPark@annapolis.gov • 410-263-7958 • Fax 410-626-9731 • [www.annapolis.gov/recreation](http://www.annapolis.gov/recreation)  
Deaf, hard of hearing or speech disability - use MD Relay or 711

## Camper Health History

Child's name \_\_\_\_\_

The following information is required for a camper to be admitted to day camp.

### Camper immunization information

All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot \_\_\_\_\_
2. Is the camper currently enrolled in a Maryland school, public or private?  
\_\_\_\_ Yes \_\_\_\_\_ Provide name of Maryland school \_\_\_\_\_  
\_\_\_\_ No \_\_\_\_\_ Provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.
3. Is the camper exempt from any immunization on medical or religious grounds?  
\_\_\_\_ Yes \_\_\_\_\_ Provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons  
\_\_\_\_ No \_\_\_\_\_

### Contact information

Parent or Legal Guardian	_____	Phone	_____
Emergency contact person	_____	Phone	_____
Camper's physician	_____	Phone	_____

### Health information

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_